

EXHIBIT

4

NFL CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)

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This website will be offline for scheduled maintenance from Friday, March 1, 2019, at 9:00 PM ET until 2:00 PM ET on Saturday, March 2, 2019.

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Claim Package Page

Settlement Class Member Information

Settlement Program ID: 900003916

Name:

Address:

Claim Package Status: Notice of Audit of Claim Issued
Action Required

Settlement Class Member Type: Retired NFL Football Player

Registration Status: Registered in Program with No
Further Challenge/Appeal Rights

[View Documents](#)

[Upload](#)

[Create New Claim](#)

View Documents

Sort Documents likely associated with

All

| Doc ID | Document Category | Document Type | File Name | Create Date | |
|------------------------|-----------------------------------|-----------------------------------------------|-------------------------------------------------|-------------|------------------------|
| 191812 | Audit | Audit Response | response to audit notice id 191812.pdf | 11/28/18 | Remove |
| 191809 | Audit | Audit Response | follow up audit notice 191809.pdf | 11/28/18 | Remove |
| 187429 | Notices from Claims Administrator | Follow-up Notice of Audit of Claim | 900003916_176632.pdf | 10/9/18 | |
| 183017 | Notices from Claims Administrator | Notice of Audit of Claim | 900003916_173308.pdf | 8/29/18 | |
| 181875 | Appeals | New Evidence Response Submitted by NFL | exhibit 5_181875.pdf | 8/8/18 | Remove |
| 181874 | Appeals | New Evidence Response Submitted by NFL | exhibit 4_181874.pdf | 8/8/18 | Remove |
| 181873 | Appeals | New Evidence Response Submitted by NFL | exhibit 3_181873.pdf | 8/8/18 | Remove |
| 181872 | Appeals | New Evidence Response Submitted by NFL | exhibit 2_181872.pdf | 8/8/18 | Remove |
| 181871 | Appeals | New Evidence Response Submitted by NFL | exhibit 1_181871.pdf | 8/8/18 | Remove |
| 181870 | Appeals | Appeal Response Document by NFL | opposition_181870.pdf | 8/8/18 | Remove |
| 176412 | Appeals | Filed Appeal Alert (SCM) | 900003916_168382.pdf | 7/9/18 | |
| 178167 | Appeals | Appeals Form from Settlement Class Member | appealformforfordc_168137.pdf | 7/5/18 | |
| 178166 | Appeals | Evidence in Support of Appeal by Class Member | bates stamped records 178166.pdf | 7/5/18 | Remove |
| 178165 | Appeals | Evidence in Support of Appeal by Class Member | exhibit a_178165.pdf | 7/5/18 | Remove |
| 178164 | Appeals | Evidence in Support of Appeal by Class Member | appeal of claim determination 7 5 18_178164.pdf | 7/5/18 | Remove |
| 174248 | | | 900003916_164581.pdf | 6/5/18 | |

Claim Package Page

| | | | | | |
|---------------|-----------------------------------|--------------------------------------------------------------------------|---------------------------------------------|----------|--------|
| | Notices from Claims Administrator | Notice of Denial of Monetary Award Claim | | | |
| <u>164783</u> | Notices from Claims Administrator | Notice of Preliminary Review for Level 1.5 and 2 Claims | 900003916_155955.pdf | 3/30/18 | |
| <u>163384</u> | Notices from Claims Administrator | Notice of Concluded Audit | 900003916_154661.pdf | 3/23/18 | |
| <u>158554</u> | Notices from Claims Administrator | Notice of Audit of Claim | 2_20_18.pdf | 2/22/18 | |
| <u>158555</u> | Monetary Award | Health Care Provider History Form | 2_20_18.pdf | 2/22/18 | Remove |
| <u>158556</u> | Audit | Audit Process HIPAA Authorization Form | 2_20_18.pdf | 2/22/18 | Remove |
| <u>158557</u> | Employment Records | Employment History Form | 2_20_18.pdf | 2/22/18 | Remove |
| <u>158558</u> | Other | Envelope | 2_20_18.pdf | 2/22/18 | Remove |
| <u>149267</u> | Notices from Claims Administrator | Notice of Preliminary Review for Level 1.5 and 2 Claims | 12_18_17.pdf | 12/20/17 | |
| <u>149268</u> | Other | Other | 12_18_17.pdf | 12/20/17 | Remove |
| <u>149269</u> | Monetary Award | Monetary Award Claim Package HIPAA Authorization Form | 12_18_17.pdf | 12/20/17 | Remove |
| <u>149270</u> | Monetary Award | Claim Form for Retired NFL Football Players and Representative Claimants | 12_18_17.pdf | 12/20/17 | Remove |
| <u>149271</u> | Monetary Award | Signature Acknowledgement Form | 12_18_17.pdf | 12/20/17 | |
| <u>149272</u> | Monetary Award | Pre-Effective Date Diagnosing Physician Certification | 12_18_17.pdf | 12/20/17 | Remove |
| <u>149273</u> | Monetary Award | Medical Records | 12_18_17.pdf | 12/20/17 | Remove |
| <u>149274</u> | Monetary Award | Pre-Effective Date Diagnosing Physician Certification | 12_18_17.pdf | 12/20/17 | Remove |
| <u>149275</u> | Monetary Award | Medical Records | 12_18_17.pdf | 12/20/17 | Remove |
| <u>149276</u> | Other | Envelope | 12_18_17.pdf | 12/20/17 | Remove |
| <u>143856</u> | Notices from Claims Administrator | Notice of Audit of Claim | 900003916_137168.pdf | 11/17/17 | |
| <u>84038</u> | Monetary Award | Diagnosing Physician Certification Form | physician certification form_84038.pdf | 6/28/17 | |
| <u>84037</u> | Monetary Award | Claim Form | claimform_81673.pdf | 6/28/17 | |
| <u>84036</u> | Monetary Award | Signature Acknowledgement Form | signed claim form_84036.pdf | 6/28/17 | |
| <u>60095</u> | Notices from Claims Administrator | Notice of Conflicting Representation | noticeofoverlappingrepresentation_59200.pdf | 4/18/17 | |
| <u>57177</u> | Monetary Award | HIPAA Form | signed hipaa form_57177.pdf | 4/13/17 | |
| <u>53554</u> | Monetary Award | Medical Records | chart dr morariu_638_53554.pdf | 4/5/17 | Remove |
| <u>53553</u> | Monetary Award | Medical Records | dr morariu report_8459_53553.pdf | 4/5/17 | Remove |
| <u>10723</u> | Notices from Claims Administrator | Notice of Registration Determination | 900003916_40906.pdf | 3/23/17 | |
| <u>10723</u> | Notices from Claims Administrator | Notice of Attorney Representation | noticeofattorneyrepresentation_10706.pdf | 2/8/17 | |
| <u>8361</u> | Registration | Registration Form | registrationform_8344.pdf | 2/8/17 | |

Claim Package

This page allows you to submit all of the required information for a complete Claim Package. You can complete the sections in any order, and you can save your progress and return to this page as needed. In each section, you will initially see an empty checkbox that looks like this: ☐. The checkbox will remain blank until you begin the section, and it will show a red exclamation point like this if you begin the section but do not complete it: ☐. After you complete a section, the checkbox will show a green checkmark, like this: ☒. The instructions explain what you must do to complete each section. You control when you submit your client's Claim Package for review by the Claims Administrator.

The way you complete and submit your client's Claim Package depends on whether your client will use the Portal. If your client will use the Portal, you can send him the Claim Form and HIPAA Form within the Portal to review and complete, and your client will be able to upload the Signature Acknowledgement Form and HIPAA Form for you to review. If your client will not use the Portal, you will coordinate the client's involvement "offline" and complete all of the Claim Package submission processes in the Portal yourself.

When you have completed the Claim Package and wish to submit it to the Claims Administrator, you must click the Submit for Review button at the bottom of the page.



1. Claim Form

To complete the Claim Form, click the Start/Edit Claim Form button. Provide all requested information, much of which will be pre-filled from Registration. If any of the pre-filled information is not correct, you may edit it. You can save your edits at any time by clicking the Save button on the Claim Form. Be sure to save the Claim Form when it is completed.

After you complete the Claim Form, click the Send/Show Claim Form to Client button, which will open a page where you can (1) send your client an email indicating that the Claim Form is ready for review and editing or approval within the Portal or (2) generate a PDF of the Claim Form and Signature Acknowledgement Form to (a) show a client physically present in your office or (b) send to your client offline.

If you send the Claim Form to your client within the Portal, your client will have the ability to edit the Claim Form and/or accept the Claim Form and generate a Signature Acknowledgement Form to print and sign personally.

You will also have the ability to generate a Signature Acknowledgement Form for your client to sign by clicking the Generate Signature Acknowledgement Form button, which will designate the last-saved version of the Claim Form as finalized and generate a Signature Acknowledgement Form PDF.

You or your client will need to scan the signed Signature Acknowledgement Form and then upload it by clicking the Upload Signed Signature Acknowledgement Form button, which will take you to a screen where you can select and submit the signed Signature Acknowledgement Form from your computer.

If you review the Claim Form with your client in person or send it to your client outside of the Portal, and the Claim Form requires additional editing, you will need to return to the Portal and click the Start/Edit Claim Form button to make and save the required edits. The signature date on your client's signed Signature Acknowledgement Form must post-date the last-saved edits made to the online Claim Form.

This step will not show a green checkmark until you submit a signed Signature Acknowledgement Form.

You can go back and edit the Claim Form at any time. However, if you have already submitted a Signature Acknowledgement Form, you must create, print, sign, and submit a new one to certify the updated Claim Form.

You can view the last-saved version of the Claim Form and signed Signature Acknowledgement Form by clicking the quick links to the right.

[Edit Claim Form](#)

[Send/Show Claim Form to Client](#)

[Create Signature Acknowledgement Form](#)

[Upload Signed Signature Acknowledgement Form](#)

Document Quick Links

[View Detailed Claim Form Instructions](#)

[View PDF of Last-Saved Claim Form](#)

[View Signed Signature Acknowledgement Form](#)



2. Diagnosing Physician Certification Form

If you have not already done so, you need to get the Retired NFL Football Player's diagnosing physician to complete a Diagnosing Physician Certification Form. You can create a Diagnosing Physician Certification Form that will pre-fill with Registration information. Click on the Create Diagnosing Physician Certification Form button, which will take you to a screen where you can select the type of Diagnosing Physician Certification Form you need to print and give to the Retired NFL Football Player's physician.

To upload a completed Diagnosing Physician Certification Form that has been signed by the physician(s) who provided the Retired NFL Football Player's Qualifying Diagnosis, click the Upload Diagnosing Physician Certification Form button, which will take you to a screen where you can select and submit the Diagnosing Physician Certification Form from your computer.

This step will not show a green checkmark until you submit a Diagnosing Physician Certification

[Create Diagnosing Physician Certification Form](#)

[Upload Diagnosing Physician Certification Form](#)

Document Quick Links

Form

NOTE: If you need to edit any of your client's pre-filled information, click on the Start/Edit Claim Form button in the Claim Form section above, make the appropriate edits in the Claim Form, and click the Save button at the bottom of the Claim Form. Those edits will then appear in any new Diagnosing Physician Certification Forms you generate.



3. Medical Records

To upload medical records reflecting the Retired NFL Football Player's Qualifying Diagnosis, click the Upload Medical Records button, which will take you to a screen where you can select and submit the medical record(s) from your computer. You can submit additional medical records on a rolling basis.

This step will not show a green checkmark until you submit at least one medical record.

You can view the medical records you submit by clicking the quick link to the right.

[View the Diagnosing Physician Certification Form You Submitted](#)

[Upload Medical Records](#)

[Document Quick Links](#)

[View the Medical Records You Submitted](#)



4. HIPAA Form

We made a pre-filled HIPAA Form for your client to sign using information from Registration. You can view that unsigned form by clicking the View the Unsigned HIPAA Form quick link to the right.

To send or give a HIPAA Form to your client to sign, click the Send/Give HIPAA Form to Client button, which will open a page where you can (1) send your client an email inviting him to provide an electronic signature within the Portal, (2) permit you to turn your keyboard around to a client physically present in your office for electronic signature, or (3) generate a PDF to print and give to your client to sign.

If you send the HIPAA Form to your client within the Portal, your client will have the ability to enter an electronic signature and submit the signed form in the client's Portal.

If your client is physically present with you, you can let him enter an electronic signature within your Portal.

If you send or give a hard copy of the HIPAA Form to your client outside of the Portal, you will need to get your client to sign the form, and you will then need to scan the signed form and upload it by clicking the Upload Signed HIPAA Form button, which will take you to a screen where you can select and submit the signed HIPAA Form.

This step will not show a green checkmark until (1) your client completes the HIPAA Form's electronic signature process in his own Portal or in your Portal or (2) you upload a PDF of the signed HIPAA Form.

You can view the HIPAA Form you or your client submits at any time by clicking the quick links to the right.

NOTE: If you need to edit your client's pre-filled information, click on the Start/Edit Claim Form button in the Claim Form section above, make the appropriate edits in the Claim Form, and click the Save button at the bottom of the Claim Form. Those edits will then appear in the HIPAA Form.

[Send/Give HIPAA Form to Client](#)

[Upload Signed HIPAA Form](#)

[Document Quick Links](#)

[View the Signed HIPAA Form You or Your Client Submitted](#)



5. NFL Football Employment & Participation Records

We already credited you:

2.5*

Eligible Seasons

*This is just a baseline. You can still prove more Eligible Seasons, if needed.

We already have NFL Football employment and participation data for many Retired NFL Football Players, including your client. We know from that data that he played at least the number of Eligible Seasons shown above, so we credited those Eligible Seasons to him and included them in the Claim Package.

We do not have complete NFL Football employment and participation records for every Retired NFL Football Player, so the Eligible Season(s) calculated above may under-represent the actual number of Eligible Seasons. If you think that is the case, then you need to:

[Review & Supplement NFL Data](#)

[Upload More Eligible Season\(s\) Records](#)

[Document Quick Links](#)

[View the NFL Data](#)

[View the Eligible Season Records You Submitted](#)

- 1 Click on the Review & Supplement NFL Data button to (a) see the data we have for the Retired NFL Football Player and (b) indicate what additional Eligible Season(s) you intend to prove; and
- 2 Click the Upload More Eligible Season(s) Records button to upload additional records to try to prove more than the Eligible Season(s) we calculated for the Retired NFL Football Player from the NFL data. This button will take you to a screen where you can select and submit records from your computer. You may submit additional records on a rolling basis.

You can view NFL data and/or the records you submit by clicking the quick links to the right. If you think the NFL data we credited your client belongs to another Retired NFL Football Player, [click here](#).

Submit Claim Package for Review

This Submit Supplemental Claim Package for Review button will be inactive until a green checkmark appears next to each section above. After you complete the sections, **you must click this button to designate the Supplemental Claim Package as final and submit it for review by the Claims Administrator.** **IMPORTANT:** Because we do not know when you have provided everything you intend to provide, even if you see a green checkmark next to each section, **the Supplemental Claim Package will not be submitted or reviewed until you click this button** designating the Supplemental Claim Package as final and ready for review.



EMERGENCY BYPASS: We strongly encourage you not to bypass. The Claim Package submission process is designed to help you avoid deficiencies to the extent possible. If you do not wish to complete each section, you may bypass one or more steps by checking the unlock box to the left, which will activate the Submit Claim Package for Review button and allow you to submit the Supplemental Claim Package for review without completing all of the sections. While the completion of each step does not ensure that the claim will be eligible, it does reduce the likelihood that the Supplemental Claim Package will be deficient. **We strongly encourage you not to bypass the step-by-step process.**